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Navy & Marine Corps Medical News
MN-99-26
July 2, 1999

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

-USN-

Contents for this week's MEDNEWS:

Headline: Anthrax vaccine safe, effective, health chief says

Headline: Fleet Hospital Jacksonville returns home from six-month deployment

Headline: Softball team proves to be more than just champions

Headline: Navy Corpsmen learn capabilities of medevac airplane

Headline: Bethesda program helps some employees learn English

Headline: Medical Service Corps selection board to convene

Headline: Two senior healthcare executives selected for Rear Admiral

Headline: Bats raise concern at Naval hospital

Headline: TRICARE guidebooks are in

Headline: TRICARE regional phone numbers

Headline: Anthrax question and answer

Headline: TRICARE question and answer

Headline: Healthwatch: Cover up for fun in the sun

-USN-

Headline: Anthrax vaccine safe, effective, health chief says

By Jim Garamone American Forces Press Service

WASHINGTON -- With almost a million shots given, the anthrax immunization is proving to be one of the safest vaccination programs on record, said Dr. Sue Bailey, assistant secretary of defense for health affairs.

"The vaccine that we are administering to our troops for protection against anthrax is effective and entirely safe," Bailey said during a Pentagon interview.

She said service members are experiencing few serious adverse reactions from the shots. The most recent reports show only 14 reactions were serious enough that the service members had to be off work for 24 hours or more or hospitalized, she said. "Those who had those kinds of

reactions have fully recovered," she added.

As of June 16, 935,000 separate shots had been administered. With only 102 reactions reported, including the 14 serious reactions, this means only .01 percent of the shots caused an adverse reaction. "This is a lower rate of reaction than one gets with a [diphtheria, pertussis, tetanus] shot administered to children," Bailey said.

Bailey countered reports that the vaccine was somehow tainted with a substance called squalene. Squalene is a substance that appears naturally in everyone's body, she explained. "You also find it in a lot of beauty products and in some health food products," she said. "But, squalene has never been used in the anthrax immunization vaccine production, and it is not now present."

Following the reports, DoD contracted with a civilian laboratory that tested the vaccine for squalene and "found there is no squalene in the anthrax vaccine we are using," she said.

Bailey said the vaccine DoD uses is effective. "[Anthrax is] so deadly, we don't test humans," she said. "We rely upon non-human primate testing to give us the information about the efficacy of the vaccine. And that shows it to be very effective in protecting against anthrax."

The anthrax vaccine the department uses is licensed by the Food and Drug Administration and has been since 1970, Bailey said. The vaccine stocks have undergone DoD-mandated supplemental testing performed by the manufacturer and overseen by a private, independent firm.

Since 1970, there have been no reports of long-term adverse health effects from the anthrax vaccine. However, DoD continues to study the vaccine. "We have a study underway at the U.S. Army Medical Institute of Infectious Diseases to determine whether individuals who received multiple vaccines, including anthrax, demonstrate any adverse health effects over the long term," Bailey said. DoD has another study underway at Tripler Army Medical Center in Hawaii. A total of 570 medical workers who have received the series are being studied so DoD can get "on-going information that we can project into the future about effects of the anthrax vaccine."

The anthrax vaccination program is a series of six shots stretching over 18 months. DoD started immunizing service members most in danger from anthrax -- those in or going to Southwest Asia. In May 1998, Defense Secretary William S. Cohen approved a plan to inoculate all service members against the disease.

"Anthrax is a deadly bacteria," Bailey said. "If you were exposed to weaponized anthrax spores and were not immunized, you would develop symptoms and die. Antibiotics alone cannot save you once you display the symptoms. We feel it is our responsibility to provide for the best protection ... and we do so through the immunization program."

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Headline: Fleet Hospital Jacksonville returns home from six-month deployment

By Teresa D. White, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Sailors of Fleet Hospital Jacksonville returned home Thursday after a six-month medical assistance mission supporting U.S. forces deployed in Haiti and also providing medical humanitarian assistance to the Haitian people.

The sixty-person detachment, comprising doctors, dentists, nurses, corpsman and support staff from Naval Hospital Jacksonville, its branch clinics and the dental command, deployed to Haiti in January.

Fleet Hospital Jacksonville can be deployed worldwide.

When deployed, the unit can set up and operate a fully functional medical and surgical hospital.

Although the primary mission of the unit was providing medical support for U.S. forces, more than 19,000 Haitian nationals received health care as a result of the unit's humanitarian efforts.

During the deployment, a vehicle accident that took the lives of two Fleet Hospital Jacksonville Sailors, Hospital Corpsman Third Class Richard S. Bryant and Hospitalman Harleigh F. Lestrick, and injured 11 others. The accident occurred while they were en route to perform one of their many medical outreach visits.

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Headline: Softball team proves to be more than just champions

By Dan Barber, NAVAL HOSPITAL TWENTYNINE PALMS

TWENTYNINE PALMS, Calif. -- The Naval Hospital Twentynine Palms intramural softball team returned from the Southwest Region Navy Softball Intramural Championship tournament in heroic fashion -- as champions and lifesavers.

The team was warming up before a game on Saturday at Naval Station San Diego, on a field next to the Interstate 5 highway, which is near the Main Street exit. It was then the team witnessed a collision of two vehicles on the freeway, according to CAPT Joan M. Huber, commanding officer of the hospital.

One vehicle carrying two adults and three toddlers was hit by another vehicle traveling at a high rate of speed causing the vehicle to cartwheel across the freeway, landing on its roof where it came to rest straddling the two right lanes of traffic.

The hospital's team, made up of medical and dental personnel along with the hospital's chaplain, sprang into action. Dropping their softball equipment and grabbing up the team's first-aid equipment, they scaled a six-foot fence topped with barbed wire. Then dodging traffic travelling at 70 miles per hour, they ran to the rescue of the injured.

"Petty Officer Ricky J. Kaebisch ran out in the lanes of traffic and scooped up one of the children who had been

thrown from the car saving him from the oncoming traffic," said Huber.

With the team instinctively applying their medical training they split into groups of two to three, each attending to the different victims.

"In an impressive show of teamwork, they quickly evaluated all six victims' airways, breathing, circulation and neuro status," said Huber. "They stopped the bleeding, immobilized injuries and instituted spinal precautions," she added.

Those involved with assisting the accident victims were: Chief Randy S. Husted; Hospital Corpsmen William O. Avery; Dwight J. Ayers; Dental Technicians Chad A. Bagwell and Joe R. Estevez of the 23rd Dental Co; Hospital Corpsman Mario S. Gonzales; Petty Officer 2nd Class Anthony R. Guzman; Petty Officer 3rd Class Chad R. Johnson; and Hospital Corpsman Leonard R. Santos.

With Chaplain Daniel D. Dudley's help, the team secured the accident site, diverted traffic and protected the victims until the California Highway Patrol arrived. They continued to comfort and minister to the victims until the fire department and paramedics arrived. According to Huber, Lt. Robert D. Cunard, a family practice physician at the hospital moved from one victim to another, directing the interventions, and he worked with the paramedics when they arrived.

Guzman, an advanced x-ray technician, told Captain Huber, "Even though I haven't done some of those things in a long time, I remembered everything I was supposed to from Hospital Corps School. It all comes back to you when you need it!"

After paramedics arrived and began to move the victims out of the roadway, the hospital's softball team assisted with getting everyone extricated from the vehicles, stabilized, on backboards and carried to waiting ambulances. Within 20 minutes, all the victims had been evaluated, stabilized and transported to a number of hospitals. "Without a doubt, these professionals saved people's lives that day," said Huber.

When the final patient was loaded into an ambulance, the team returned to the softball field to an ovation from their opponents, the crew of the USS Milius (DDG 69).

The hospital team, which was representing the Marine Corps Air Ground Combat Center, Twentynine Palms in the SOPAC softball tournament in San Diego, won that game along with all of the others over the weekend, becoming the Southwestern Region Navy Intramural Softball Champions for 1999.

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HEADLINE: Navy corpsmen learn capabilities of medevac airplane

By HM3 Christine Stitt, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Corpsmen from Naval Hospital Great

Lakes learned the medical uses of the C-130 aircraft in late May when they participated in a municipal casualty exercise at Milwaukee Regional Airport, Milwaukee, Wisc.

The exercise, coordinated by the Veterans Administration Hospital, Wisconsin state and federal authorities, simulated a bomb going off in Minneapolis overwhelming its medical system and requiring transporting casualties to Milwaukee and other cities in the Mid-West.

LT Youssef Aboul-Enein, MSC, Naval Hospital Great Lakes, who led the nine-person Navy medical contingent, said he had served in the Fleet, and he knew how important the C-130 aircraft was for first echelon medical evacuation.

He said participating in the casualty exercise was an opportunity for the corpsmen to not only learn how to triage from the aircraft and how to reconfigure the airplane to accommodate medical casualties, but it was also an excellent joint training opportunity with the Air Force's 440th Airlift Wing.

During the event, corpsmen off-loaded moulaged casualties arriving by C-130 provided by the 109th Aeromedical Evacuation Squadron attached to the Minneapolis Air National Guard. The training was perfect timing for Hospitalman Matthew Riechl.

"I have orders to the USS Wasp (LHD 1), and I wanted to be familiar with patient care aboard a C-130 in case the need arises for me to escort an injured Marine or Sailor," he said.

"The training was excellent," said Hospitalman Michelle Meertens. She said her group received orientation on how to configure stanchions in the plane to carry litters, how to carry patients and load the plane with casualties, and they received information about the type of medical equipment onboard.

1stLT Cynthia Eaton, a flight nurse with the 440th Airwing, explained that the C-130 could carry up to 74 patients, along with four to five medical personnel. But the day wasn't spent just loading and offloading patients. Among other things the Navy team learned was intravenous fluids are to be free of air, a Heimlich Valve must be in place with a chest tube and Foley Catheters are to be inserted with water, not air. The Navy medical team also learned other techniques used to guard against adverse outcomes brought on by changes in cabin pressure.

And then it was time to apply their new knowledge of using the aircraft. A C-130 from Minneapolis landed with moulaged victims from local Minneapolis high schools as simulated casualties. The Great Lakes corpsmen went into action off-loading 34 casualties in fifteen minutes.

"The corpsmen made a few friends that day and became familiar with their sister service, it was a Saturday well-spent," said Hospital Corpsman First Class Anita Madche.

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Headline: Bethesda program helps some employees learn English

By JO2 Susan Meyer, National Naval Medical Center

BETHESDA, Md. -- Some employees of the National Naval Medical Center will soon find life a bit easier when applying for drivers licenses, filling out social security forms or completing a lease agreement. They are participating in an English as a second language implemented as a result of coordination between the Medical Center, Montgomery Community College, ABLE Services Inc., and Makro Janitorial Services. According to class instructor, Hortensia Umana, the class will assist with everyday life where translation of specific words is difficult such as those found on applications and other forms. Student German Cordero, said, "I like it. It has helped with my pronunciation."

Most of the instruction covers 'survival skill' - words, phrases, and short dialogues.

"An example is the combination of T and H sounds (or th) used in much of our language that does not exist in theirs," Umana said. "When it is further combined with an R, as in Gaithersburg the difficulty is only intensified," Umana explained. She said that people learning English often get confused with words that sound the same.

"In the beginning, some students were reluctant to go back to school, but they are glad for the opportunity and are trying very hard," she said.

Umana applied for the position through Montgomery College, where she teaches Spanish as a second language. She saw an ad that was asking for someone to teach English to Spanish-speaking people.

"They were looking for someone who would know, or be able to predict, some of the problems encountered in translation," she said.

The Costa Rican native certainly has the credentials. She has a Bachelor of Arts degree in literature and linguistics, with emphasis in English, from the National University of Costa Rica. In addition to teaching several courses at the university for ESOL secondary school teachers, she has worked as a translator, tutored in English and Spanish and has a knowledge of Portuguese and French. Umana also worked in the Montgomery County Public School System under the Adult Education Program as an ESOL instructor.

"This is a good thing the companies are doing. Not everybody is willing to do this for their workers, she said.

"I would eventually like to be able to teach them to read and write in English."

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Headline: Bats raise concern at Naval hospital

By Kimberly Dima Prato, Naval Hospital Camp Pendleton

CAMP PENDLETON, Calif. -- Bats were discovered on the top two floors here during a recent telephone system renovation,

which required the removal of overhead ceiling tiles.

The points of entry for the bats were between earthquake expansion joints on the seventh and eighth floors. These openings were sealed, but some bats remained trapped in the building. Hospital staff, along with federal game wardens, removed the remaining bats. Random sampling of the captured bats for rabies is ongoing, but so far rabies testing is negative.

As a precaution, the command contacted those individuals who were admitted to wards on floors seven and eight during the past two weeks. In a letter mailed to patients and their families, CAPT Thomas K. Burkhard, commanding officer Naval Hospital Camp Pendleton, outlines facts regarding bats and rabies.

"If an individual has had physical contact with a bat, the modern rabies treatment is given in the shoulder muscle just like any other shot and the side effects are usually less than for the typhoid vaccine," said CDR Ted J. Robinson, MSC, clinical epidemiologist at the Naval Hospital here. "The post-exposure [treatment] consists of a total of six shots over 28 days," he said.

Naval Hospital Camp Pendleton has been in contact with state and county health departments for guidance and has had the full support and assistance from Marine Corps Base Camp Pendleton.

According to a letter by the County of San Diego Department of Health Services, "Only a very low proportion of bats are infected with rabies. Approximately 10 percent of bats tested at San Diego County's Public Health Laboratory test positive for rabies each year. These bats (that are tested) are at a higher risk for rabies, having bitten people or been captured by pets."

Bat species that live in buildings rarely bite except in self-defense, and bites that occur are usually recognized and treated. Bat rabies account for approximately one human death per year in the United States. Nevertheless, caution and knowledge should be used when dealing with any bat. If you or your children ever see a bat in a building, the same caution should be used as with an unfamiliar dog or cat. Never touch or try to catch a bat without proper protection and guidance.

Robinson requested that anyone who had direct contact with a bat while at Naval Hospital Camp Pendleton should contact him directly at (760) 725-1567, so that he can evaluate your individual situation or circumstance.

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Headline: Medical Service Corps selection board to convene
From Chief of Naval Operations

WASHINGTON -- The Navy Personnel Command announces the FY-00 Inservice Procurement Program selection board, which will convene Dec 13. Applications are due to Navy Personnel Command (PERS-811d), 5720 Integrity Drive, Millington, Tenn., 38055-8110 and postmarked NLT Oct 1. Supplemental

information must be postmarked NLT Nov 1.

No age waivers will be granted. Applicants for the Physician Assistant portion cannot be older than age 33 by Sep 30, 00 to permit completing two years of PA school and commissioning by age 35. Health care administration applicants must be able to accept a commission before reaching their 35th birthday.

For Physicians Assistant Inservice Procurement Programs applicants, a minimum of 60 semester hours of transferable college credit, with a minimum GPA of 2.5, is required. Thirty of the 60 semester hours must be in residence training or distance learning courses and must include six semester hours of English composition (CLEP not accepted), three semester hours of psychology, six semester hours of chemistry, six semester hours of anatomy and physiology, three semester hours of algebra (CLEP not accepted) and six semester hours of humanities and social sciences.

Minimum education requirement for HCA applicants is a qualifying baccalaureate degree. HCA applicants must have or must have earned a qualifying baccalaureate degree by May 00. A course completion plan with expected graduation date is required for HCA applicants not possessing a qualifying degree by application deadline.

Although it is not required, it is desirable that HCA applicants have a GRE or GMAT score with a letter of acceptance to an Accrediting Commission on Education for Health Service Administration (ACEHSA), American Assembly of Collegiate Schools of Business (AACSB), or Council on Education of Public Health (CEPH) masters program with a health care concentration

Point of contact is CDR Boman, N131M3, at (703) 693-2327/dsn 223.

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Headline: Two senior healthcare executives selected for Rear Admiral

From Bureau of Medicine and Surgery

WASHINGTON -- Congratulations to Rear Admiral Alberto Diaz, Jr., MC, commander Naval Medical Center San Diego and Rear Admiral Bonnie B. Potter, MC, commander, National Naval Medical Center, Bethesda, Md., for their recent selection for promotion to Rear Admiral (upper half).

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Headline: TRICARE guidebooks are in

From Bureau of Medicine and Surgery

WASHINGTON -- The new TRICARE guidebooks are hot off of the presses and heading your way. In response to requests from the line operators to make TRICARE simple, a basic guidebook was created called "Sailing Through TRICARE" for Navy personnel, and "Navigating TRICARE" for Marine Corps personnel.

The guidebook assists in the TRICARE education of Sailors

and Marines. It is designed for junior enlisted personnel, and it also serves as a health benefit reference for senior enlisted and officers.

TRICARE Marketing Activity is currently mailing guidebooks to Navy personnel through senior enlisted in operational units and at military treatment facilities. Senior enlisted representatives at Military Treatment Facilities are asked to coordinate distribution at shore installations with their managed care offices. Marine Corps distribution will be handled through the Commandant of the Marine Corps (Manpower and Reserve Affairs). Giving command specific information with these booklets will help all Sailors and Marines become familiar with their health benefit.

For more information, contact Tamara Rollins at 202-762-3158 (DSN) 762-3158 or e-mail: TLRollins@us.med.navy.mil.
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Headline: TRICARE regional phone numbers, web addresses
From TRICARE Management Activity

Aurora, Colo. -- Please add these most recent TRICARE toll-free telephone numbers and web site addresses to your TRICARE files. Telephone numbers and web site information were obtained from the TRICARE web page (<http://www.tricare.osd.mil>)
TRICARE related questions and comments can also be emailed to "QUESTIONS@TMA.OSD.MIL" (do not include SSANs in your messages).

TRICARE regions are numbered below. They may be better known by the following names:

Region 1	Northeast
Region 2	Mid-Atlantic
Region 3	Southeast
Region 4	Gulfsouth
Region 5	Heartland
Region 6	Southwest
Region 7/8	Central
Region 9	Southern California
Region 10	Golden Gate
Region 11	Northwest
Region 12	Pacific

TRICARE Regional Toll Free Telephone Numbers:

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Alabama	Region 4	(800-444-5445)
Alaska	Region 12	(800-242-6788)
Arizona (Excluding Yuma)	Region 7/8	(888-874-9378)
Arizona (Yuma)	Region 9	(800-242-6788)

Arkansas	Region 6	(800-406-2832)
California (Northern)	Region 10	(800-242-6788)
California (Southern)	Region 9	(800-242-6788)
Colorado	Region 7/8	(888-874-9378)
Connecticut	Region 1	(888-999-5195)
Delaware	Region 1	(888-999-5195)
District of Columbia	Region 1	(888-999-5195)
Florida (Excluding Panhandle)	Region 3	(800-444-5445)
Florida (Panhandle)	Region 4	(800-444-5445)
Georgia	Region 3	(800-444-5445)
Hawaii	Region 12	(800-242-6788)
Idaho (Excluding Northern part) ..	Region 7/8	(888-874-9378)
Idaho (Northern part)	Region 11	(800-404-0110)
Illinois	Region 5	(800-941-4501)
Indiana	Region 5	(800-941-4501)
Iowa	Region 7/8	(888-874-9378)
Kansas	Region 7/8	(888-874-9378)
Kentucky	Region 5	(800-941-4501)
Louisiana (Eastern third)	Region 4	(800-444-5445)
Louisiana (Western two thirds) ...	Region 6	(800-406-2832)
Maine	Region 1	(888-999-5195)
Maryland	Region 1	(888-999-5195)
Massachusetts	Region 1	(888-999-5195)
Michigan	Region 5	(800-941-4501)
Minnesota	Region 7/8	(888-874-9378)
Mississippi	Region 4	(800-444-5445)
Missouri	Region 7/8	(888-874-9378)
Montana	Region 7/8	(888-874-9378)
Nebraska	Region 7/8	(888-874-9378)

9378)	
Nevada	Region 7/8 (888-874-9378)
New Hampshire	Region 1 (888-999-5195)
New Jersey	Region 1 (888-999-5195)
New Mexico	Region 7/8 (888-874-9378)
New York	Region 1 (888-999-5195)
North Carolina	Region 2 (800-931-9501)
North Dakota	Region 7/8 (888-874-9378)
Ohio	Region 5 (800-941-4501)
Oklahoma	Region 6 (800-406-2832)
Oregon	Region 11 (800-404-0110)
Pennsylvania	Region 1 (888-999-5195)
Rhode Island	Region 1 (888-999-5195)
South Carolina	Region 3 (800-444-5445)
South Dakota	Region 7/8 (888-874-9378)
Tennessee	Region 4 (800-444-5445)
Texas (excluding Southwest corner)	Region 6 (800-406-2832)
Texas (Southwest corner)	Region 7/8 (888-874-9378)
Utah	Region 7/8 (888-874-9378)
Vermont	Region 1 (888-999-5195)
Virginia (Northern)	Region 1 (888-999-5195)
Virginia	Region 2 (800-931-9501)
Washington	Region 11 (800-404-0110)
West Virginia (Excluding NE corner)	Region 5 (800-941-4501)
West Virginia (Northeast corner) .	Region 1 (888-999-5195)
Wisconsin	Region 5 (800-941-4501)
Wyoming	Region 7/8 (888-874-9378)
Latin America	1-888-777-8343
(Panama, Central America, South America)	

Europe 1-888-777-8343
(Europe, Africa, Middle East, Azores and Iceland)

Pacific and WESTPAC 1-888-777-8343

TRICARE Regional Web Sites:
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TRICARE <http://www.tricare.osd.mil>
Region 1 (Northeast)
 <http://tricare.detrick.army.mil/ne/index.htm>
Region 2 (Mid-Atlantic) . <http://www.tma.med.navy.mil>
Region 3 (Southeast) <http://www.humana-military.com>
Region 4 (Gulf South) ... <http://www.hsriv.keesler.af.mil>
Region 5 (Heartland) <http://dodr5www.wpafb.af.mil>
Region 6 (Southwest) <http://www.tricaresw.af.mil>
Region 7/8 (Central)
 <http://web01.region8.tricare.osd.mil>
Region 9 (S. California) <http://www.reg9.med.navy.mil>
Region 10 (Golden Gate)
<http://usafsg.satx.disa.mil/~region10>
Region 11 (Northwest) ...
 <http://tricarenw.mamc.amedd.army.mil>
Region 12 (Pacific) <http://tricare-pac.tamc.amedd.army.mil>
Europe
 <http://webserver.europe.tricare.osd.mil>
Latin America/Canada(note: Latin America will include
Puerto Rico on Oct 1.
<http://www.tricare.osd.mil/tricare/tricarla.html>
Send TRICARE related questions to: QUESTIONS@TMA.OSD.MIL
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Headline: Anthrax question and answer
Question: There have been questions raised about the
vaccine due to the results of the FDA inspections over the
past few years. Are there reasons to be concerned about the
inspection results.

Answer: No. All lots of the vaccine have been properly
tested or revalidated. There has never been a batch that
has left BioPort that has not been current and fully FDA
approved. The FDA and DOD work closely with BioPort anytime
inspections find fault with production or record keeping
process at the plant. The FDA and a DOD contractor
(Mitretek) review all testing of vaccine produced by BioPort
for sterility, stability, purity and potency.

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Headline: TRICARE question and answer

Question: Are there any deadlines or restrictions for
enrolling in TRICARE Prime?
Answer: If implemented in your area, you may enroll in
TRICARE Prime at any time. Please note that while enrollment
for Prime is on a continuous basis, assignment to a Primary

Care Manager in a military clinic, where treatment is free, is based on a first come, first served basis. However, Military Treatment Facility Commanders can determine whether your enrollment will be to a civilian Primary Care Manager or an MTF Primary Care Manager. Those enrolled to an MTF may be required to select a civilian Primary Care Manager at the time of re-enrollment because of changes in MTF capacity.

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Headline: Healthwatch: Cover up for fun in the sun

By Kimberly A. Rawlings, Bureau of Medicine and Surgery

WASHINGTON - For most, summertime means fun in the sun. It is as though the summer sun ushers in excitement along with the warmer climate and longer days. While taking advantage of the seasonal fun, remember that the sun is can be as much your enemy as it is your friend.

The invisible ultraviolet A and B rays that are produced by the sun can cause the short term damage of sunburn and contribute to long term skin damage such as skin cancer and aging. Before stepping out to enjoy the sunshine, learn how to protect yourself, by protecting your skin.

Whether your oceanfront, at a backyard barbecue or mowing the lawn, sunscreens provide the most protection to the skin by blocking the sun's harmful ultraviolet rays. Ultraviolet A (UVA) rays cause most of the aging effect on the skin while Ultraviolet B (UVB) rays are the culprits that cause burning and cancer as well as contributing to aging. For the most protection, use a sunscreen that has both UVA and UVB blockers.

Developing the routine of using sunscreen is essential to your health. "Get into the habit of putting it on. It's just like wearing a seatbelt. You are not usually in an accident but you put it on anyway for protection. That's the way we need to be with putting on our sunscreen," said Captain J.H. Kerr, MC, chairman of the department of dermatology at Naval Medical Center, San Diego.

Ultraviolet rays are a form of radiation. Therefore you need to protect yourself from long term damage. "Its effect is cumulative. The tan may go away but the damage never fades," says Kerr.

Sunscreens vary in the amount of protection they provide. The sun protection factor (SPF) determines the amount of defense your skin will have against the sun. The higher the SPF, the greater the protection against sun rays.

"If you would normally burn in one hour, an SPF 15 sunscreen will give you 15 hours of sun exposure before visible burning occurs," says CDR Mike Pesqueira, MC, head of dermatology department at Naval Hospital Pensacola.

Under perfect laboratory conditions, an SFP 15 blocks 93 percent of ultraviolet 'B' radiation and SPF 30 blocks 97 percent, says Pesqueira. However, variation in application technique may result in lower than advertised SPF effect. So a 30-50 SPF product gives an added margin of protection over just a 15 SPF when you factor in the application of a

sunscreen.

For maximum protection when using a sunscreen, apply it liberally and on a daily basis about 30 minutes before going outside if you'll be outdoors for more than 10 minutes. Cloudy days are no exception. Clouds may block the light but they do not block the ultraviolet rays. Even if the sunscreen is waterproof or water resistant, it should be reapplied for continuous protection after swimming, toweling, or any vigorous activity that causes heavy perspiration.

The use of sunscreens is not limited to adults. Although sunscreens are not recommended for babies younger than six months, evidence suggests wearing sunscreen every day during the first 18 years of life can reduce the risk of worst skin cancer by 78 percent. And wearing it throughout your entire life can reduce the chances by 98 percent.

Sunscreens are not just for the fair skinned either. Even though people of color are less vulnerable because their pigment cells convert ultraviolet rays into pigmentation, they should protect their skin also to avoid undue wrinkles with aging.

To offer even more protection for the skin, use umbrellas or sit under shade trees. You can also wear protective clothing, such as wide brim hat and long-sleeved shirt, if you expect to in the sun for long periods of time.

"To put clothing in 'sunscreen' terms, an average cotton T-shirt is only an SPF 4, which is woefully inadequate. An older worn shirt would provide even less protection. A shirt manufactured from polyester, nylon or other synthetic material actually provides almost no protection! The sun's damaging rays go right through it," says Pesqueira.

While you are applying your skin protection regimen don't forget to protect your lips. Use a lip balm with a SPF. When outdoors the balm should be applied every one to two hours.

The sun can have relatively no effect on you other than to brighten your day if you protect yourself while you are having fun in the sun.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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